

|                  |  |
|------------------|--|
| <b>PROJECT #</b> | <b>PROJECT FUNDRAISING PERIOD (MM/DD/YY)</b>   |
|                  | <div style="display: flex; justify-content: space-between;"> <span><b>BEGINNING</b></span> <span><b>ENDING</b></span> </div> |

**ORGANIZATION NAME**

This report must be filed with the DEPARTMENT (DED) at the end of the project fundraising period (June 30). This form should be typed and each section must be answered.

| A. TOTAL NAP<br>DONATIONS RECEIVED | B. TOTAL NAP<br>DONATIONS SPENT | C. TOTAL NAP<br>CREDITS USED | D. TOTAL NAP<br>CREDITS UNUSED<br><small>(TOTAL credits that may be recaptured by NAP)</small> |
|------------------------------------|---------------------------------|------------------------------|--|
|                                    |                                 |                              |  |

- A. TOTAL NAP DONATIONS RECEIVED—Total donations received for your NAP project only (Total value of donations received since the beginning of your fundraising period that qualify for NAP credit)
- B. TOTAL NAP DONATIONS SPENT—Amount of NAP donations listed in column A that have actually been spent  
Note: NAP donations must be spent in accordance with approved NAP budget line items for expenses incurred during the fundraising period.
- C. TOTAL NAP TAX CREDITS USED—Amount of NAP donations received (column A) times your approved tax credit percentage level (50% or 70%)
- D. TOTAL NAP TAX CREDITS UNUSED—Amount of tax credits originally approved (see Appendix A of your NAP Agreement) less the amount of tax credits used (column C). **NOTE: This total will be recaptured by NAP when the project is closed.**

***NOTE: The balance of unspent NAP funds must be transferred to an escrow account established specifically for final expenditures related to this project (see Article VIII, Section (b) and Article IX of your Project Agreement).***

1. If you have unspent funds, have you established an escrow account?  
☐ Yes   ☐ No     ***If yes, please attach a copy of the escrow agreement.***
2. If you have unspent funds and have not established an escrow account, by what date do you plan to establish the account and submit the required documentation to NAP? \_\_\_\_\_
3. Have all tax credit applications for the credits used been submitted to our office?     ☐ Yes   ☐ No
4. If not, by what date do you plan to submit the remaining tax credit applications? \_\_\_\_\_
5. If your project used \$25,000 or more in tax credits, an independent compliance and financial audit of only the NAP fund must be filed with the DEPARTMENT. If required, by what date do you plan to submit your audit? \_\_\_\_\_
6. If you currently subscribe to the NAP listserve, would you like to continue to receive program and other information?     ☐ Yes   ☐ No   ☐ N/A

**REMEMBER TO COMPLETE THE OTHER SIDE**

7. Explain in detail whether your organization has been able to successfully achieve stated performance targets and milestones at the close of the project fundraising period (you may wish to review Appendix A of your Project Agreement). If you did not achieve the stated performance targets, explain why you feel that your organization was unable to do so (problems encountered, etc.) and whether you took any corrective measures (use additional pages if necessary).

**SIGNATURE OF PROJECT DIRECTOR**



**NAME OF PROJECT DIRECTOR PRINTED OR TYPED**



**DATE**

**FOR NAP USE ONLY**

**VERIFIED BY**



**DATE**